

# Motivational Interviewing: Patient-centered health behavior change consultation

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There is perhaps nothing more frustrating to the conscientious and committed health care professional than the failure of patients to heed sound health care advice. Well known is the fact that most patients do not comply with even the simplest and most straightforward health care directive. Medication prescriptions go unfilled, follow up appointments are canceled, and advice for risk-reduction and relapse prevention is ignored. Health care providers advise, lecture, confront, exhort, and even try to shame patients into compliance; all to little avail. It's as if with every provider expression of concern, the patient digs further into the crater of resistance and noncompliance. What is left to do?

Motivational Interviewing (Miller & Rollnick, 2002) is a style of talking with patients in a constructive manner about the whys, whens, and hows of health-risk reduction and behavior change. Based upon the tenet that most individuals already have the requisite skills to successfully modify lifestyle and decrease health-risk, MI employs strategies that will enhance the patient's own motivation for and commitment to change. Motivational Interviewing integrates an empathic, non-confrontational style of interviewing with powerful behavioral strategies for helping patients convince themselves that they ought to change. Consequently, resistance is minimized, self-motivation enhanced, and treatment adherence and behavior change secured.

With applications to a wide variety of health care concerns, Motivational Interviewing has been incorporated into the treatment of alcohol problems, tobacco use, drug dependence, weight control, diabetes management, cardiac rehabilitation, cancer risk reduction, renal dialysis treatment, and many other behavioral health care problems.

Motivational Interviewing is grounded in the following principles:

1. Motivation, or *readiness to change*, is best considered as an ever-changing product of the helping relationship. Patient motivation to adhere to treatment or decrease health risk is markedly influenced by the nature of the clinical consultation and the communication style of the health care provider.
2. Accordingly, the health care provider's *interviewing style* determines, to a large extent, patient readiness to change and, indeed, significantly impacts long-term behavior change.
3. *Ambivalence* regarding change is a normal aspect of the process of behavior change. This is true of all behavior, not just the behaviors of excess.
4. It is only human to defend the other side of the ambivalence. If we advocate for change, patients naturally will advocate against change. This is human nature. Impassioned arguments for change often undermine the patients' investment in the change process.
5. People commit to change more readily when they have *convinced themselves* that they are better off changing. There is much truth in the idea that you can convince yourself of anything, if you just state your case thoroughly enough. Therefore, the ultimate goal of Motivational Interviewing is to create a situation in which patients persuade themselves to change, rather than having the health professional doing all of the persuasion.

6. Consistent with the *active, patient-centered* approach, providers and patients work together to negotiate health behavior change. Effective treatment is the product of successful collaboration.

During this workshop, we will introduce and demonstrate the Motivational Interviewing style of health behavior change consultation.

About the Presenter:

Gary S. Rose, Ph.D., a practicing behavioral psychologist since 1977 and a member of the Motivational Interviewing Network of Trainers lectures widely on topics of motivation, treatment compliance, and behavior change in clinical health psychology and the addictive disorders. Dr. Rose teaches at the Massachusetts School of Professional Psychology and is a clinical instructor in psychiatry at the Harvard Medical School. He is also a consulting psychologist with the University of Massachusetts Medical Center Division of Behavioral Medicine, Center for the Study of Nutritional Medicine, Beth Israel Deaconess Hospital, and the Boston Department of Public Health. Dr. Rose maintains a private practice in behavior therapy in Chelmsford, Massachusetts.